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CONFIRMATION NO. 2989

<b>SERIAL NUMBER</b> 10/524,867	<b>FILING or 371(c) DATE</b> 02/14/2005 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 415/14		
<b>APPLICANTS</b> Amram Eizenfeld, Menashe, ISRAEL; Golan Salman, Tirat Hacarmel, ISRAEL; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IL03/00661 08/07/2003 which claims benefit of 60/404,110 08/15/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b>						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ALIREZA NIA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Sean Liam Kelleher Kelleher & Lilling PLLC P.O. BOX 560 GOLDEN BRIDGE, NY 10526 UNITED STATES						
<b>TITLE</b> Endoscope sleeve dispenser						
<b>FILING FEE RECEIVED</b> 975	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			